Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

| CLAIMS AS FILED - PART I                                                                                                                                                                                                                                                                                                                                           |                                                |                                           |               |                         |                       |                  |       | SMALL ENTITY                            |                        |             | OTHER THAN          |                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|---------------|-------------------------|-----------------------|------------------|-------|-----------------------------------------|------------------------|-------------|---------------------|------------------------|--|
| TOTAL CLAIMC                                                                                                                                                                                                                                                                                                                                                       |                                                |                                           | (Column 1)    |                         | (Column 2)            |                  | -     | TYPE                                    |                        | OR          | SMALL ENTITY        |                        |  |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                       |                                                |                                           | 64            |                         |                       |                  |       | RATE                                    | FEE                    |             | RATE                | FEE                    |  |
| FOR                                                                                                                                                                                                                                                                                                                                                                |                                                |                                           | NUMBER FILED  |                         | NUMBER EXTRA          |                  |       | BASIC FEE                               | 355.00                 | OR          | BASIC FEE           | 740.00                 |  |
| то                                                                                                                                                                                                                                                                                                                                                                 | TAL CHARGEA                                    | BLE CLAIMS                                | 6.7 min       | us 20=                  | . 4                   | 7                |       | X\$ 9=                                  |                        | OR          | X\$18=              | 846                    |  |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                 |                                                |                                           | 9 minus 3 = * |                         |                       | To               |       | X40=                                    |                        | OR          | X80=                | 588                    |  |
| MU                                                                                                                                                                                                                                                                                                                                                                 | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT        |                         |                       |                  |       | +135=                                   |                        | OR          | +270=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                           |                                                |                                           |               |                         |                       | olumn 2          | Į     | TOTAL                                   |                        | OR          | TOTAL               | 2174                   |  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                        |                                                |                                           |               |                         |                       |                  |       | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |             |                     |                        |  |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                         |                                                |                                           |               |                         | (Column 2) (Column 3) |                  |       | SMALL                                   |                        | OR          | SMALL               |                        |  |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                        |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUME<br>PREVICE<br>PAID | BER<br>DUSLY          | PRESENT<br>EXTRA |       | RATE                                    | ADDI-<br>TIONAL<br>FEE |             | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                                                                    | Total                                          | *                                         | Minus         | **                      |                       | =                | ſ     | X\$ 9=                                  |                        | OR          | X\$18=              |                        |  |
| AME                                                                                                                                                                                                                                                                                                                                                                | Independent                                    | *                                         | Minus         | ***                     |                       | =                |       | X40=                                    |                        | OR          | X80=                |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |               |                         |                       |                  |       | +135=                                   |                        | OR          | +270=               |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                           |               |                         |                       |                  |       | TOTAL                                   |                        |             | TOTAL               |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                           |               |                         |                       |                  |       | ADDIT. FEE                              | Li-                    | OR          | ADDIT. FEE          | <u></u>                |  |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                | (Column 1)                                |               | (Colur                  |                       | (Column 3)       | ء ا   |                                         |                        | វា          | ٠                   |                        |  |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                        |                                                | REMAINING<br>AFTER<br>AMENDMENT           |               | NUMI<br>PREVIO<br>PAID  | BER<br>DUSLY          | PRESENT<br>EXTRA |       | RATE                                    | ADDI-<br>TIONAL<br>FEE |             | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                                                                    | Total                                          | *                                         | Minus         | **                      |                       | =                |       | X\$ 9=                                  |                        | OR          | X\$18=              |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                    | Independent                                    | *                                         | Minus         | ***                     |                       | =                |       | X40=                                    |                        | OR          | X80=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                     |                                                |                                           |               |                         |                       |                  |       | +135=                                   |                        | OR          | +270=               |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                           |               |                         |                       |                  |       | TOTAL                                   |                        | OR          | TOTAL<br>ADDIT. FEE |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                | ,                                         | ADDIT. FEE l  |                         | ט                     | AUUII. FEE       |       |                                         |                        |             |                     |                        |  |
| [                                                                                                                                                                                                                                                                                                                                                                  |                                                | (Column 1) (Column CLAIMS HIGHES          |               | EST                     | (Column 3)            | <br>             |       | ADDI                                    | 1                      | <del></del> | L A D D I           |                        |  |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                        |                                                | REMAINING<br>AFTER<br>AMENDMENT           |               | NUMI<br>PREVIC<br>PAID  | DUSLY                 | PRESENT<br>EXTRA |       | RATE                                    | ADDI-<br>TIONAL<br>FEE |             | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                                                                    | Total                                          | *                                         | Minus .       | **                      |                       | = .              |       | X\$ 9=                                  |                        | OR          | X\$18=              |                        |  |
| ME                                                                                                                                                                                                                                                                                                                                                                 | Independent                                    | *                                         | Minus         | ***                     |                       | =                |       | X40=                                    |                        |             | X80=                |                        |  |
| •                                                                                                                                                                                                                                                                                                                                                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |               |                         |                       |                  |       | 7,70=                                   |                        | OR          |                     |                        |  |
| +135=                                                                                                                                                                                                                                                                                                                                                              |                                                |                                           |               |                         |                       |                  |       |                                         |                        | OR          | +270=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                                |                                           |               |                         |                       |                  |       |                                         |                        |             |                     |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                | ber Previously Pa                         |               |                         |                       |                  | r fou | and in the app                          | oropriate bo           | x in co     | lumn 1.             |                        |  |